

### City of Castle Pines

360 Village Square Lane, Suite B Castle Pines, Colorado 80108 Phone: 303-705-0200 Fax: 303-688-9414

www.castlepinesgov.com

# **Application for Appointment**

# Castle Pines Planning Commission

Completed applications may be dropped off at the Castle Pines city offices or you may submit them via fax, mail or email to <a href="mailto:Tobi@castlepinesco.gov">Tobi@castlepinesco.gov</a>. Please complete both sides of the application. For questions about the application process, please contact Tobi Basile, City Clerk, at 303-705-0226.

#### PLEASE TYPE OR PRINT CLEARLY

Name (Last, First)		
Street Address	City, State ZIP	
Home Phone ( )	Business Phone ( )	
Occupation	Email	
How did you learn about this vacancy? (X) Newspaper_	Word of Mouth City Website	
Other (please explain):		
Do you own a business in Castle Pines?   Yes; Business Name _		□No
Castle Pines Policies:		
Castle Pines employees may not serve on City advisory committee as required to perform official City duties.	s, except as specifically provided by City resolut	ion or
Information submitted on the application form shall be considere	d public information.	
Signature of Applicant	Date	

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## PLEASE TYPE OR PRINT CLEARLY

1.	What experience/training/qualifications do you have for this particular citizen advisory committee?
2.	Why do you want to become a member of this advisory committee and what specific contributions do you hope to make?
3.	Briefly describe your involvement in community groups and activities. Lack of previous involvement will not necessarily disqualify you from consideration.
4.	Which community topics concern you that relate to this citizen advisory committee?
5.	Are you currently a member or have you previously served on a municipal committee or governing board? If so, which one and when?